## **INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION**

## **NT AUTHORIZATION FORM**

FUNCTION	ADD NE	W [ ]	CHANG	E [	]	DELET	€ [ ]		
DATE			_						
NAME LAST			1	FIRST				MI	_
	<u> </u>	F YOU DO NOT	HAVE A MI	DDLE IN	ITIAL,	ENTER 'NI	MI'		
NICKNAME / OR NA	ME KNOWN	AS				(IF NO	NE LEAVE	BLANK)	
JOB CLASSIFICATION	ON _					_			
LOCATION OFFI	CE/FACILI	TY							
DIVISION	PROGRAM AREA					COUNTY			
OFFICE ADDRESS	STREET					_			
	CITY					_			
	ZIP				PHONE	NO.			
Applications to acc	ess:								
	_								
SIGNED USER						_			
APPROVAL	SUPERVI	SOR				_			
INFORMATION TECH	NOLOGY SE	RVICES USE	ONLY			I	DOMAIN A	SSIGNED	
PROCESSING		DATE		;	BY		COMMEN	TS	
NT ACCOUNT COMPLETED									
NT LOGON ID									
DEFAULT USER PAS									
WORK GROUP ASSIGN									
EXCHANGE ACCOUNT	D								
USER NOTIFIED									
SUPERVISOR NOTIF	IED								